DEPARTMENT OF MOTOR VEHICLES A Public Service Agency	REQUEST FOR VEHIC							
Please print or type. Fo	orm must be submitted in duplicate.							
NAME OF REQUESTER								
TELEPHONE NUMBER	CONTACT PERSON							
()	VEHICLE/VESSEL DESCRIPTION							
LICENSE/CF NO.	VIN/HIN							
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REQUESTED BY (SIGNATURE)	DRIVER LICENSE/ID NO.							
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	DMV USE ONLY							
OPERATOR NUMBER AND DATE	BILLING UNIT							

TECHNICIAN

TOTAL CHARGES

JEST FOR VEHICLE/VESSEL TO HISTORY INFORMATION

LOT TOTT VEHICLE/ VEGGEE	FEE: \$20.00 PER YEAR								
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IGNATURE)		DRIVER LICENSE/ID NO.	CERTIFY	
DMV USE ONLY] 🖂		
BER AND DATE		BILLING UNIT		IISTORY DOCUMENTS REQUESTED
		MAIL DATE	1	

Send your request to: Department of Motor Vehicles P.O. Box 944247, Mail Sta G199 Sacramento, CA 94244-2470

> P.O. Box 944247, Mail Sta G199 Sacramento, CA 94244-2470

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STATE OF CALFORNIA	REQUEST FOR VEHICLE/VESSEL PHOTO HISTORY INFORMATION		FEE: \$20.00 PER YEAR								
DEPARTMENT OF MOTOR VEHICLES A Public Service Agency			VENDOR REQUESTER CODE								
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TOTAL CHARGES		Send your reques	⊥ st to:	Depa	ırtme	ent c	of Moto	or Veh	nicles		

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